



ASC Utilization Report  
State Form 49933 (R3/6-05)  
Indiana State Department of Health  
Acute Care

Status: Finalized

### I. Center Identification

Organization Name: WILLIAMS EYE SURGERY CENTER

Street Address: 6836 Hohman Ave

City: Hammond

County: Lake

Administrator Name: Joyce Ball

Administrator Email: jball@williamseye.com

ASC Web Address: www.williamseye.com

Fiscal Year: 2019

Accredited:  Yes  No

Name of Accrediting Body: AAAHC

Deemed Status:  Yes  No

Corporate Tax Status:  For Profit  Non Profit

### II. Identification of Surgical Resources

Number of operating rooms	2
Number of procedure rooms	1

### III. Utilization Statistics

A. Total Patients and Procedures		
Time Period	Number of Patients	Number of Procedures
Persons Served in twelve-month period	2504	2911
B. Ten Most Frequent Surgical Procedures Performed		
CPT Code	Total Procedures	
66984	1865	
66821	415	
66999	350	
66982	195	
0191T	55	
66761	29	
66985	3	

67031	3
66986	2
6701051	2

#### IV. Outcomes from Surgical Procedures

Number of patients with a Post-Surgical wound infection within 30 days following a surgical encounter.	4
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